

## **Application Data Sheet**

### **Application Information**

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	AAV ITR-MEDIATED MODULATION
<b>Attorney Docket Number::</b>	035879-0165
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	1
<b>Total Drawing Sheets::</b>	3
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Thomas E.
<b>Family Name::</b>	WAGNER
<b>City of Residence::</b>	Greer
<b>State or Province of</b>	South Carolina
<b>Residence::</b>	
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	104 Golden Wings Way

**City of mailing address::** Greer  
**State or Province of mailing address::** SC  
**Postal or Zip Code of mailing address::** 29650

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Peoples Republic of China  
**Status::** Full Capacity  
**Given Name::** Xianxhang  
**Family Name::** YU  
**City of Residence::** Mauldin  
**Country of Residence::** US  
**Street of mailing address::** 6 Cade Court  
**City of mailing address::** Mauldin  
**State or Province of mailing address::** SC  
**Postal or Zip Code of mailing address::** 29662

#### **Correspondence Information**

**Correspondence Customer Number::** 22428  
**E-Mail address::** PTOMailWashington@FoleyLaw.com

#### **Representative Information**

<b>Representative Customer Number::</b>	22428	
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#### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/413,450	9/26/2002

#### **Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

#### **Assignee Information**

**Assignee name::** Greenville Hospital System